



PETITION FOR APPEAL

(Please type or print)

ZBA Use Only

File # _____

Each application for appeal submission shall be prepared in accordance with the provisions of Zoning Ordinance Section 9.4. The purpose of this document is to gather data about the reasons for the appeal so that the Zoning Board of Appeals can prepare for the hearing. The applicant should refer to the following resources for more in-depth descriptions of the Appeal petition requirements:

Zoning Ordinance- www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Planning/zoning_docs/zoneord

Chelsea Development Guide- www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Planning/publications

1. Site Information- Maps available at Assessor's Office and <http://maps.chelseama.gov/>

Property Address: _____

Assessor's Map: _____ & Lot: _____

Current Zoning District (Check One)



- | | |
|--|---|
| <input type="checkbox"/> Residence 1 | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Residence 2 | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Residence 3 | <input type="checkbox"/> Light Industrial |
| <input type="checkbox"/> Retail Business | <input type="checkbox"/> Light Industrial 2 |
| <input type="checkbox"/> Retail Business 2 | <input type="checkbox"/> Naval Hospital Commercial |
| <input type="checkbox"/> Shopping Center | <input type="checkbox"/> Naval Hospital Residential |
| <input type="checkbox"/> Business | |
| <input type="checkbox"/> Highway Business | |

2. General Information

Appellant Name: _____

Appellant Address: _____

Tel. #: Days () _____ - _____

Evenings: () _____ - _____

Fax: () _____ - _____

Email: _____

Appellant is: ☐ Owner ☐ Prospective Purchaser ☐ Tenant
☐ Licensee ☐ Other (Describe) _____

Owner Name (if different): _____

Owner address: _____

Tel. #: Days () _____ - _____

Evenings: () _____ - _____

Fax: () _____ - _____

Email: _____

Designee Name (if different from Petitioner): _____

Designee address: _____

Tel. #: Days () _____ - _____

Evenings: () _____ - _____

Fax: () _____ - _____

Email: _____

Appeal decisions may grant a variance or reverse the decision of the Building Inspector. The appellant is responsible for providing any information that will assist in the rendering of a decision by the Zoning Board of Appeals.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appeal Petition Fee: **\$350.00** payable to the City of Chelsea
\$60.00 payable to the *Chelsea Record*

SIGNATURE OF APPELLANT

DATE _____

Zoning Board of Appeals
City Hall, Room 101, 500 Broadway
Chelsea, Massachusetts 02150
Telephone (617) 889-8233
Fax (617) 889-8357